



**CITY OF SUNNYVALE
BMR RENTAL HOUSING PROGRAM**

456 W. Olive Avenue
Sunnyvale, CA 94086
(408) 730-7456
Fax: (408) 737-4906

ANNUAL REPORT

TO: City of Sunnyvale Housing Division
Attn: BMR Program Administration
456 West Olive Avenue
Sunnyvale, CA 94086-3707

RE: Property Name: _____
Property Address: _____

The Owner hereby certifies the following under penalty of perjury under the laws of the State of California:

The information contained in the attached BMR Rental Property Annual Report is true, accurate and correct as of the date hereof. The tenants who lease BMR Rental units meet the eligibility criteria established by the City of Sunnyvale.

In Witness Whereof, the undersigned has signed this Report as of _____ day of _____, 20_____.

Name of Ownership Entity: _____

By: _____
Signature

Print Name and Title

Address

City, State & Zip

Phone

E-Mail Address

Attachments: Form 10: A - Move-Ins, B - Existing Tenants, C - Move-Outs, D - Vacant Units
Copies of Form R-6, Tenant Annual Certification of Occupancy and Income,
for each tenant who has lived at the property more than 12 months